



## INSTRUCTORS RENEWAL FORM

**Purpose of Form.** The purpose of this form is provide a format for all Instructors to verify that they have met the Association's requirement to teach a minimum of one hour per week or 52 hours a year.

**Directions.** Submit this completed form to the Membership Department by your renew date.

### INSTRUCTOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Instructor Level \_\_\_\_\_ Member ID \_\_\_\_\_ Instructor ID \_\_\_\_\_

### TEACHING VERIFICATION

I am verifying that I have met the one hour a week teaching requirement for the year \_\_\_\_\_  
Please briefly describe where, when and how you have met this requirement. Total teaching hours \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

### MAIL TO

INTERNATIONAL YANG FAMILY TAI CHI CHUAN ASSOCIATION  
Membership Department  
P. O. Box 786  
Bothell, WA 98041 USA  
Email: [members@yangfamilytaichi.com](mailto:members@yangfamilytaichi.com)



YANG FAMILY TAI CHI CHUAN